

May 2006

**Special Diabetes Program for Indians (SDPI)  
Non-Competitive Grant Program**

**Application for Continued Funding  
Instructions and Guidelines**

Department of Health and Human Services  
Public Health Service, Indian Health Service

<b>Opportunity Title:</b>	<b>Special Diabetes Program for Indians</b>
<b>Offering Agency:</b>	<b>Indian Health Service</b>
CFDA Number:	(purposely left blank; not necessary for application process)
CFDA Description:	(purposely left blank; not necessary for application process))
<b>Funding Opportunity Number:</b>	<b>HHS-2007-IHS-CONT-SDPI</b>
Competition ID:	(purposely left blank; not necessary for application process)
<b>Opportunity Open Date:</b>	<b>Refer to the continuation letter sent by DGO</b>
<b>Opportunity Close Date:</b>	<b>Refer to the continuation letter sent by DGO</b>
<b>Agency Contact:</b>	<b>James LaBoueff Grants Assistant Email: jlabouef@hqe.ihs.gov</b>

*SDPI Non-competitive Grant Program is described at 93.237 in the Catalog of Federal Domestic Assistance.*

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## **Abbreviations Used**

**ADC** = Area Diabetes Consultant

**CGP** = refers to the Competitive Grant Programs of the SDPI  
These are the Diabetes Prevention and Cardiovascular Risk Reduction Demonstration Projects.

**DDTP** = Division of Diabetes Treatment and Prevention

**DGO** = Division of Grants Operations

**DGP** = Division of Grants Policy

**DPP** = Diabetes Prevention Program

**FAA** = Financial Assistance Award (formerly the Notice of Grant Award)

**IHS** = Indian Health Service

**HH** = Healthy Heart

**NEPA** = National Environmental Policy Act

**NCGP** = refers to the Non-Competitive Grant Program of the SDPI

**PMS** = Payment Management System

**SDPI** = Special Diabetes Program for Indians

**Enclosed is the IHS Special Diabetes Program for Indians (SDPI) Application for Continued Funding Guidelines and Instructions. All SDPI grant programs must complete an application in order to receive continued funding.**

**Please Read before Continuing:**

The SDPI Competitive Grant Program (Diabetes Prevention and CVD Risk Reduction Demonstration Projects) and the Non-competitive Grant Program have been assigned different “funding opportunity numbers.” The SDPI Grant Program is allowed to use only ONE funding opportunity number at a time at Grants.gov. According to the IHS Division of Grants Operations, the funding opportunity number will become available for use after July 1, 2006.

We encourage you to be ready to use the electronic application process when this funding opportunity number becomes available by proactively completing all mandatory WORD documents, Standard Forms and if applicable, the NEPA Form ahead of time.

**PERIOD OF SUPPORT**

- Grant Funds will be dispersed according to each grant program’s established 12 month budget period.
- Funding is dependent on satisfactory business and program reviews and submission of required reports.
- Funding will be paid through the Payment Management System (PMS) including those tribes receiving lump sum payments.

**APPLICATION PROCESS**

- All SDPI grantees are required to submit an electronic application for continued funding via Grants.gov.
- If you require a waiver to extend the application due date, you must obtain approval from the Division of Grants Operations. Contact Lois Hodge at 301-443-5204.
- If you require a waiver to submit a hard copy application, you must obtain approval from the Division of Grants Policy. Contact Michelle Bulls at 301-443-6528.

## **DUE DATES for APPLICATION and ANTICIPATED DATE OF AWARD**

Applications for FY 2007 continued funding are due to the IHS Division of Grants Operations (DGO) 90 days before the end of the current budget period. Based on your current budget period, the following table will help you determine your application due date and anticipated award date.

**Please Note:** Because the electronic application process will not be available to Non-Competitive Grant Programs until after July 1, 2006, grantees with a budget cycle from 10/01/05 through 09/30/06 have a shortened application time period.

<b>Budget Periods</b>	<b>Application for Continued Funding</b> (due 90 days before the end of the current budget period)	<b>Anticipated Date of Award</b>
If your current budget period is: <b>10/01/05 – 09/30/06</b>	Your due date this year is no later than:  <b>Refer to your Continuation Letter</b>	No later than:  <b>Refer to your Continuation Letter</b>
If your current budget period is: <b>01/01/06 – 12/31/06</b>	Your due date is no later than:  <b>October 1, 2006</b>	No later than:  <b>December 31, 2006</b>
If your current budget period is: <b>04/01/06 – 03/31/07</b>	Your due date is no later than:  <b>January 1, 2007</b>	No later than:  <b>March 31, 2007</b>
If your current budget period is: <b>06/01/06 – 05/31/07</b>	Your due date is no later than:  <b>March 1, 2007</b>	No later than:  <b>May 31, 2007</b>

If you have questions about your budget period, contact Denise Clark, IHS Division of Grants Operations (DGO) at 301-443-5204 or by email at [denise.clark@ihs.gov](mailto:denise.clark@ihs.gov).

## **DUE DATES FOR ADDITIONAL REQUIRED REPORTS**

The following documents are due to DGO no later than 90 days after the budget period ends:

- **Final Progress Report on Current Budget Period**

The final progress report is due no later than 90 days after a budget period ends. The final progress report will include what has been accomplished on goals, objectives, and activities for an entire 12 month budget period. To fulfill this

requirement, grantees are allowed to “add on” to the Interim Progress report submitted as part of their Application for continued funding.

- **Financial Status Report, Standard Form 269-Long Form**

The annual Financial Status Report (FSR) - *SF 269, Long Form* must be submitted no later than 90 days after the budget period ends unless stated otherwise in the Financial Assistance Award (formerly the Notice of Grant Award). You can obtain additional copies of the *SF 269, Long Form* at: <http://www.whitehouse.gov/omb/grants/sf269.pdf>.

Actual carry over amounts for the budget period that has just ended, along with a budget and Budget Narrative justifying use of this carry over amount must be submitted with the *SF 269*.

- **Organization’s Annual Financial Audit Report\***

Indian tribes or tribal organizations and urban Indian organizations shall submit one (1) complete copy of the grantee organization’s financial audit report, as required by the Single Audit Act and implemented in accordance with OMB Circular A-133.

This annual financial audit report is due no later than nine (9) months after the end of the grantee’s annual audit period. You must contact your organization’s finance office for this information.

If your organization had any findings on audit, you must also submit letters and the corrective action plan.

The *Schedule of Federal Financial Assistance* must include funds awarded for the Special Diabetes Programs for Indians grant program. (This information pertains to the audit process for organizations receiving federal funding).

\*These audit requirements do not apply to Federal grantees.

## WHO DO I CONTACT IF I HAVE QUESTIONS?

- For budget information and related questions, all SDPI grant programs – contact the IHS Division of Grants Operations at 301-443-5204. Ask to speak to the Grants Management Specialist assigned to your IHS Area. Refer to the list below:

Sylvia Ryan:	301-443-2114	California, Tucson
Christina Coriz	301-443-5204	Billings, Nashville, Navajo, Oklahoma
John Hoffman	301-443-2116	Alaska, Albuquerque, Phoenix
Pallop Chareonvootitam:	301-443-2195	Aberdeen, Bemidji, Portland

- For GRANTS POLICY information and questions related to the grants.gov electronic application process, all SDPI grant programs – contact the IHS Division of Grants Policy - Michelle Bulls at 301-443-6528.
- For Non-Competitive Grant Program information and related questions – contact the IHS Division of Diabetes Treatment and Prevention - Mary Tso, Program Specialist at 505-248-4182 or by email at [mary.tso@ihs.gov](mailto:mary.tso@ihs.gov).
- For Competitive Grant Program information and related questions – contact Dorinda Wiley-Bradley, Project Officer at 505-248-4182.
- An additional source for information is the Area Diabetes Consultant (ADC) for your IHS Area. Consult the Division of Diabetes Treatment and Prevention web site for a directory of ADC names and contact information.

## **ADDITIONAL INFORMATION**

### **National Environmental Protection Agency Review Requirements**

The IHS SDPI grant programs are subject to the National Environmental Policy Act (NEPA) review by IHS. Grantees must provide assistance and cooperation as stated in 42 U.S.C. 4332, section 102, of the National Environmental Policy Act of 1969. Grantees are also required to comply with all applicable environmental laws and regulations as referenced in the *Standard Form 424B – Assurances for Non-construction Programs*, item 11, and other related grant conditions.

Documentation of an environmental review is required if your application for continued funding includes project activities that may affect the environment or a historic building or a cultural resource. These activities include disturbing the soil, building, remodeling, excavation, purchasing modular structures, installing playground equipment, change of land use, and related project activities.

For more information, read the *Environmental Compliance Fact Sheet for IHS* available on the DDTP web site at [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes). Click on “SDPI Grants” on the menu located on the left side of the home page. You can also contact your Area Diabetes Consultant for additional assistance.

If this requirement applies to the planned activities in your application for continued funding, complete and submit the *IHS Environmental Information and Documentation form* also available at the DDTP web site. You can now download and fill in this WORD form. As part of the electronic application process, you will attach this document under Optional Documents. Specific instructions for how to download, save and fill in the form are at the DDTP web site.

### **Budget Issues**

#### **1. Indirect Cost Rates**

SDPI grant programs must have a current and approved indirect cost rate for the period in which the grant will be awarded in order to request indirect cost. Your finance office should have the most current negotiated indirect cost rate agreement on file. You can also check the following web site:  
[http://rates.psc.gov/fms/dca/new\\_search.html](http://rates.psc.gov/fms/dca/new_search.html).

#### **2. Limitations on use of SDPI grant funds**

Some costs are not allowable or have been eliminated for this grant program because they were not authorized in the program legislation. The following items have been highlighted for your information:



- **Construction costs, cash prizes and gifts are not allowable.**
- **Space Rental or purchase/use of modular units (this applies to IHS entities only):**  
For IHS entities only – there are certain costs that must be approved by appropriate IHS staff prior to their obligation. Space rental or purchase/use of modular units must be reviewed and approved by the IHS Area Realty Officer. Contact Felicia Snowden, Lead Realty Officer, HIS, OEHE, Division of Facilities Operations at 301-443-5954 for assistance with such issues.
- **Incentives**  
The Office of Grants Policy has developed a policy statement that addresses the use of SDPI funds for incentives. This policy is posted on the DDTP web site at [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes) - click on the “SDPI Grants” link on the left side of the home page.

### 3. Reporting Carry-Over Balance

SDPI grant programs have the authority to carryover all IHS unobligated grant funds (also called carryover balance) remaining at the end of a budget period with the exception of funds that are restricted on a *Financial Assistance Award* (formerly the *Notice of Grant Award* -NGA). **The carryover funds must be used to support the originally approved goals and objectives of the project.**

SDPI grant programs **are required to** report the actual carry over balance on the *SF 269 – Financial Status Report*, which is due no later than 90 days after the current budget period ends. The carryover balance is reported on the *SF 269 -Financial Status Report* under the “Remarks” section.

- If the grantee reports a carryover balance that is 25% or less of the total amount awarded, the grantee is not required to submit budget narrative *justifying use of* the balance.
- If the grantee reports a carryover balance that exceeds 25% of the total amount awarded, the grantee must request prior approval from the Division of Grants Operations to carryover and use the funds. A separate budget and budget narrative justifying use of the actual carry over amount is required.

The IHS Policy on Reporting the Carry Over Balance is posted on the DDTP web site at [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes) - click on the “SDPI Grants” link of the left side of the home page. Read this document carefully for further guidance.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Use the electronic application process at [www.Grants.gov](http://www.Grants.gov). Be sure to use the correct Funding Opportunity Number in order to download the application package.
  - Non-Competitive Grant Programs use: **HHS-2007-IHS-CONT-SDPI**
2. Complete and submit all **MANDATORY DOCUMENTS**:
  - Application for Federal Assistance – SF 424
  - Project Narrative Attachment Form (see #1 that follows for more information)
  - Budget Narrative Attachment Form (see #2 that follows for more information)
  - Grant.gov Lobbying Form
  - Assurances for Non-construction Programs – SF 424B
  - Budget Information for Non-Construction Programs – SF 424A
  - Read the [Environmental Compliance Fact Sheet](#) for detailed information on the National Environmental Protection Agency requirements.
  - If applicable, submit the [IHS Environmental Information and Documentation Form](#). Read carefully and follow the instructions on the DDTP web site regarding submission of this form.

## MANDATORY DOCUMENTS

### 1. Project Narrative Attachment Form

On the Grants.gov Grant Application Package page, you will notice that one of the mandatory documents listed is the Project Narrative Attachment Form. There is no actual Project Narrative Attachment Form. This is a WORD document that you will develop and submit as part of the electronic application process. This document will include 2 parts: a) Interim Progress Report and b) Work Plan

#### a) Interim Progress Report

The Interim Progress Report describes the accomplishments of the current budget period, to date, and includes four (4) sections – 1) progress made to date on the goals and objectives, 2) description of community collaborations and partnerships, 3) diabetes prevalence, and 4) how the Diabetes Care and Outcomes Audit results for your grant community are used.

#### **Section One** – Progress on Goals and Objectives

List the Goals and Objectives for the current budget year. Describe the progress and accomplishments that have been made, to date, toward achieving these goals and

objectives. **Your description should be brief. You are required to address each objective as proposed in your last work plan.**

### **Section Two – Community Collaborations**

We would like to know the collaborations and partnerships your grant program has developed during this current budget period. Briefly describe the activities that your grant program has worked on with other clinical, tribal, or community based organizations such as the IHS hospital or clinic, WIC Program, nursing home, Elder program, schools, churches, Head Start, dialysis unit, university and other programs.

### **Section Three – Diabetes Prevalence**

Report the diabetes prevalence in your grant community. Specifically tells us

- the definition of your grant community,
- how many people are in your grant community and the method you used to determine this number,
- how many people have diabetes in your grant community and the method you used to determine this number.

### **Section Four – Diabetes Care and Outcomes Audit**

Briefly describe how you used the diabetes audit findings to determine your grant program's objectives and how you used the diabetes audit findings to impact your grant activities. If you did not use the diabetes audit findings, tell us why.

## **b) Work Plan**

Complete and submit the Work Plan for the new budget period. The Work Plan will tell us about your grant program's plans for the new budget period. The Work Plan will describe how the grant funds will be used to continue your grant program's goals and objectives and specifically describe how current activities will be enhanced and /or describe new activities. Contact the Area Diabetes Consultant for guidance if you have questions.

## **2. Budget Narrative Attachment Form**

On the Grants.gov Grant Application Package page, you will notice that one of the mandatory documents listed is the Budget Narrative Attachment Form. There is no actual Project Narrative Attachment Form. This is a WORD document that you will develop and submit as part of the electronic application process. This document was formerly called the Detailed Budget Justification.

The Budget Narrative explains and justifies the budget for the new budget period. Provide a Brief justification to explain all costs on the SF 424A. A sample budget and budget justification have been included in the following pages for your information.

Be sure to:

- Provide complete information for each line item.
- Include travel cost for one or two staff to attend diabetes regional and/or national meeting for 2007 and to attend diabetes training such as the classes offered through the Diabetes Training Institute in 2007. Other diabetes related trainings can also be considered.
- Report names of consultants and contractors who will be used in your grant program.
- Report new positions to be filled and submit the accompanying approved position descriptions.

## SAMPLE PROPOSED BUDGET

### **PERSONNEL:**

Executive Director	\$10,500	
Administrative Assistant	6,373	
CNA/Transporter	6,552	
Mental Health Counselor	5,769	
Public Information Outreach Officer	<u>6,494</u>	
<b>TOTAL PERSONNEL:</b>		<b>35,688</b>

### **FRINGE BENEFITS:**

FICA	2,730	
SIIS	393	
SUI	446	
Health Benefits	7,138	
Other Benefits	<u>1,784</u>	
<b>TOTAL FRINGE BENEFITS:</b>		<b>12,491</b>

### **SUPPLIES:**

Educational/Outreach	3,000	
Office Supplies	1,200	
Food Supplies for Healthy Luncheons	2,400	
Medical Supplies (Clinic)	<u>3,000</u>	
<b>TOTAL SUPPLIES:</b>		<b>9,600</b>

### **TRNG & TRAVEL:**

Local Mileage	1,350	
Staff Trng & Travel -Out of State	<u>2,400</u>	
<b>TOTAL TRAVEL:</b>		<b>3,750</b>

### **CONTRACTUAL:**

Community Nursing Supervisor	8,320	
Fiscal Officer	16,640	
Consulting Medical Director	14,440	
Registered Dietician/Diabetes Educator	18,720	
Exercise Therapist	<u>33,250</u>	
<b>TOTAL CONTRACTUALS:</b>		<b>91,370</b>

### **EQUIPMENT:**

Desk Top Computers (2)	3,000	
Exercise Equipment	3,300	
Lap Top Computer	1,500	
LCD Projector	<u>1,200</u>	
<b>TOTAL EQUIPMENT:</b>		<b>9,000</b>

### **OTHER DIRECT COSTS:**

Rent	20,805	
Utility	4,000	
Postage	500	
Telephone	2,611	
Audit Fees	2,500	
Professional Fees	2,400	
Insurance Liability	1,593	
Office Cleaning	1,680	
Storage Fees	240	
Equipment Rental	1,000	
Biohazard Disposal	154	
Marketing/Advertising	<u>2,010</u>	
<b>TOTAL OTHER DIRECT COSTS:</b>		<b>39,493</b>

<b>TOTAL EXPENSES</b>	<b>\$201,392</b>
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## SAMPLE BUDGET JUSTIFICATION

### **PERSONNEL:**

**\$35,688.00**

#### Executive Director

A full-time employee responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency. (416 hours x \$25.24 per hour = \$10,500.00)

#### Administrative Assistant

A full-time employee responsible for human resources management and providing assistance to the Executive Director. (416 hours x \$15.32 = \$6,373.00)

#### CAN/Transporter/Homemaker

A full-time employee works 12 hours per week on this program providing transportation services and in-home health care to clients. (416 hours x \$15.75 = \$6,552.00)

#### Mental Health Coordinator

A part-time employee works 6 hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients. (6 hours x 52 wks x \$18.49 per hour = \$5,769.00)

#### Public Relations Manager

A part-time employee works 12 hours per week promoting this program within the Tribal Organization and Communities in Washoe County. (416 hours x \$15.61 = \$6,494.00)

### **FRINGE BENEFITS:**

**\$12,491.00**

Fringe benefits are calculated at 35% of salaries. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.11%), State unemployment insurance (1.25%), and retirement (5%). (Total salaries \$35,688.00 x 35% = \$12,491.00)

### **SUPPLIES:**

**\$9,600.00**

#### Educational & Outreach Supplies

Various printed literature, books, videos, pamphlets, pens, bottled water, little promotional items will be needed to hand out at various health fairs, events, and to various groups to educate and promote health. Funds allocated is \$3,000.00.

#### Office Supplies:

General office supplies are essential in order to properly maintain client records, financial records, and all reporting requirements. General office supplies include file folders, labels, writing pads, pens, paper clips, toner, etc. \$1,200.00 will be included in this budget.

#### Food & Supplies for Monthly Wellness Luncheons

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used the Diabetes Educator during the monthly wellness luncheon, providing examples of food preparation and education. Supplies such as paper plates, spoons, forks, napkins, trays, pots and pans, etc. is not included in this budget. (\$200.00 x 12 months = \$2,400.00)

Medical Supplies -Clinic

An allocation has been made for purchasing medical supplies for our clinic such as cotton sticks, strips for glucose check machines, paper sheets, gloves, gowns, etc., in the amount of \$3,000.00

**TRAINING & TRAVEL:**

**\$3,750.00**

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/mo x 12 months x \$0.375 = \$1,350.00.

Staff Travel & Training – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: the budget covers the cost of registration fees (\$250 x 2 = \$500.00), lodging (\$175/night x 2 people x 2 days = \$700.00), airfare (\$450.00 x 2 people = \$900.00), per diem allowance (\$50.00 x 2 days x 2 people = \$200.00), and ground transportation (\$25.00 x 2 x 2 people = \$100.00). A total of \$2,400.00 for staff travel and training.

**CONTRACTUAL:**

**\$91,370.00**

Community Health Nursing Supervisor

An independent contractor contracted to supervise the nursing staff and to provide direct patient care and work in collaboration with health care providers (208 hours x \$40.00 per hour = \$8,320.00)

Fiscal Officer

An independent contractor contracted to perform payroll, accounts payable, financial and grant reporting and budgetary duties. (416 hours x \$40.00 per hour = \$16,640.00)

Consulting Medical Doctor

A medical doctor is contracted to provide medical care to our clients with diabetes (12 hours per month x 12 mos. X \$100.00 per hour = \$14,400.00)

Nutritionist/Diabetes Educator

A registered dietician/diabetes educator is contracted to provide diabetes related meal planning and instruction and facilitate one-on-one consultation with clients. (8 hours per week x 52 weeks x \$45 per hour = \$18,720.00)

Exercise Specialist

An exercise specialist is contracted to conduct and monitor the exercise program necessary for each client. (950 hours x \$35 per hour = \$33,250.00)

**EQUIPMENT:**

**\$9,000.00**

Desk Top Computers (2)

Needed by our Diabetes Educator, Exercise Specialist, and Medical Director in order to access and update information on client's records. (2 x \$1,500.00 = \$3,000.00)

Exercise Equipment

Elliptical cross trainer equipment (creates less impact on the knees), body fat analyzer, 8 dumbbell weights, 4 exercise balls, 4 exercise mats, step stretch, adjustable bench, bow flex palates kit, 2 dance pads, ball stacker set, and exercise video. Total for all exercise equipment is \$3,300.00.

Lap Top Computer

This type of compute is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is \$1,500.00

LCD Projector

This equipment will be used by the Diabetes Educator for presentations. Cost is \$1,200.00

**OTHER DIRECT COSTS**

**\$39,493.00**

Rent

NUI rents two office locations for a total cost of \$83,220.00 per year. Special Diabetes grant program will cover \$20,805.00 which is 25% of the rent cost.

Utility

This program will cover 25% of the total utility cost of \$16,000.00 per year. ( $\$16,000.00 \times 25\% = \$4,000.00$ )

Postage – the Diabetes Program postage is estimated at \$500.00.

Telephone

NUI currently has eight telephone lines at two separate offices as well as pager service and a toll-free number for clients. Diabetes Program will cover \$2,611.00 of this expense which is 25% of the annual cost of \$10,445.00.

Audit Fees

An annual audit is conducted of Nevada Urban Indians, Inc. financial statements. Funding agencies require audit financial statements of grant funds. Diabetes will cover \$2,500.00 of audit expenses which is 25% of the \$10,000.00 proposal.

Professional Fees

To pay for computer consultant to fix computer problems. \$200.00 per month x 12 mos. = \$2,400.00 will cover the expenses.

Insurance Liability

General liability insurance is required to protect the organization against fire and property damage. Diabetes portion of this expense is \$1,593.00.

Office Cleaning

Office cleanings is required to keep the agency clean. Diabetes will cover 20% of the contract cost of \$8,400.00 = \$1,680.00.

Storage Fees

NUI stores its records in a storage facility. Diabetes grant will fund \$240.00 of this cost.

Equipment Rentals

Funds are allocated for the use of equipment to assist in the daily operations of clinic/office functions. NUI leases a copy machine and postage machine. Diabetes will fund \$1,000.00 for these rental fees.

Biohazard Disposal

A special handling fee for biohazard disposal will cost \$154.00 for this program.

Marketing/Advertising

Newspaper advertising to promote Diabetes events. Three ads x \$670.00 = \$2,010.00

**TOTAL EXPENSES:**

**\$201,392.00**